

**2015-2016 PROPOSED BUDGET
RESPONSE TO REQUEST FOR INFORMATION**

DEPARTMENT: Human Resources

REQUEST NO.: 4

REQUESTED BY: Garza

DATE REQUESTED: 04/23/15

DATE POSTED: 04/29/15

REQUEST: Please provide a list of areas of coverage that have changed (including new services, reductions and eliminations) in the City's benefits plan each of the last 5 years.

RESPONSE:

The following details the changes in coverage occurring in the City's benefits plan over the past five years.

Effective January 1, 2010

PPO and HMO Benefit Changes

- Allow participants to receive an FDA approved tobacco cessation drug at no cost. Participant must obtain a prescription and attend the tobacco cessation class offered through HealthyConnections.
- Begin covering nutrition counseling provided by registered dieticians at the Specialist copay (\$35 PPO and \$45 HMO) with a 3-visit annual limit.
- For compliance with Mental Health Parity - Eliminate the 20-visit limit on mental health care outpatient visits per calendar year and eliminate the 30-day limit on mental health care inpatient benefits per calendar year.
- Increase Tier 3 prescription drug copays from \$40 to \$45.

Effective January 1, 2011

PPO Benefit Changes

- Increase In-Network deductible from \$300 to \$500.
- Increase In-Network out-of-pocket maximum from \$2,500 to \$3,000.
- Increase Out-of-Network deductible from \$900 to \$1,500.
- Increase Out-of-Network out-of-pocket maximum from \$10,000 to \$12,000.
- Increase retail prescription copays from \$10/\$25/\$45 to \$10/\$30/\$50.
- Lower the reimbursement to out-of-network providers by implementing a Maximum Non-Network Reimbursement Program. Members utilizing out-of-network services may be charged more by the providers.

HMO Benefit Changes

- Increase outpatient surgery copay from \$300 to \$600.
- Increase hospital copay from \$600 to \$1,000.

- Increase out-of-pocket maximum from \$2,500 to \$3,500.
- Increase retail prescription copays from \$10/\$25/\$45 to \$10/\$35/\$55.

Health Care Reform Act requirements

- Cover adult children up to age 26.
- Eliminate the Lifetime Maximum; previously both medical plans had a \$2 million per person limit.
- Cover preventive services at 100%; Mammograms, Colonoscopies, Immunizations, Well woman and child exams, Vision exams for children under age 5.
- FLEXTRA Health Care: Over-the-counter drugs will no longer be an allowed expense without a doctor's prescription.

Effective January 1, 2012

PPO and HMO Benefit changes

- Increase Primary Care copay from \$20 to \$25, including Optometrists in the UHC Vision Network.
- Introduce a \$50 Pharmacy deductible for Tier 2 and Tier 3 drugs.
- Increase Emergency Room copay by \$25 (PPO \$125, HMO \$175).
- Waive copays for diabetic counseling.
- Introduced myNurseLine Aug. 1, 2011.

PPO Benefit changes

- Offer diabetes counseling classes at the worksite.
- Decrease In-Network coinsurance from 85% to 80%.

Effective January 1, 2013

Health Care Reform Act requirements

- Generic birth control covered at 100%.
- Female sterilization covered at 100%.
- Breast pumps covered at 100%.
- FLEXTRA maximum decreases from \$250/pay period to \$104/pay period.

Effective January 1, 2014

PPO and HMO Benefit changes

- Increase out-of-pocket maximums by \$500 (PPO \$3,500, HMO \$4,000).

Health Care Reform Act requirements

- Copays, deductibles, and coinsurance applied to out-of-pocket maximum.

Effective January 1, 2015

Introduced Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)

PPO and HMO Benefit changes

- Weight loss program with a surgical option.
- Tamiflu anti-viral medication moved from Tier 3 to Tier 1.
- Unlimited visits to a Registered Dietitian.
- Emergency Room copay increased \$25 (PPO \$150, HMO \$200).

HMO Benefit changes

- Outpatient surgery copays increased from \$600 to \$1,000
- Inpatient hospitalization copay increased from \$1,000 to \$1,500

Health Care Reform Act requirements

- Dependents turning age 26 continue coverage through end of the month they turn 26.
- Replaced dollar limits with visit limits:
 1. HMO hearing aid limit was \$1,000 plan paid every 3 years, replaced with 100% plan paid every 48 months.
 2. HMO hospice care annual limit was \$20,000 plan paid, replaced with 50 visit annual limit.
 3. PPO acupuncture annual limit was \$1,000 plan paid, replaced with 12 visit annual limit.